

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6887

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name Kevin M Mulcahy

P.O. Box, Bldg., Room No., if any P.O. Box 672

Street 174 Cutler Road

City West Warren

State Massachusetts ZIP Code + 4 01092

4. Name, file number, and address of labor organization.

Name Sheet metal workers local 63

Labor Organization File Number 022-279

P.O. Box, Building and Room Number, if any

Street 32 Stevens Street

City Springfield

State Massachusetts ZIP Code + 4 01104

5. Position in labor organization.

Business Manager

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

03/06/2006

413-436-5633

Date

Telephone Number

Name of Person Filing Kevin Mulcahy

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name International Training Institute (ITI)

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 240

Street 601 N. Fairfax St.

City Alexandria

State Virginia ZIP Code + 4 22314

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Employers contribute to fund in accordance with the union negotiated collective bargaining agreement.

## 11.b. Approximate dollar value of such dealing.

\$75,000

## 12.a. Nature of interest held or income received.

National Joint Apprentice committee (NJATC) contest.  
Jan.2005 Lodging 165.65 oct2005 lodging 324.93  
Meeting & Contest per diem/consulting  
per diem Jan.450.00 April 375.00 Aug 75.00 Sept  
300.00 Consulting April 1200.00 Aug 300.00  
Sept600.00

## 12.b. Amount.

\$3,791

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.